

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/914052

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/	*	/	
2	/		/		/	
3	2		/		/	
4	8		/		/	
5	0		/		/	
6	1		5		/	
7	0		5		/	
8	0		5		/	
9	0		0		/	
10	0		1		/	
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TOTAL IND.	10		21		9	
TOTAL DEP.	10	↓	21	↓	9	↓
TOTAL CLAIMS	11	22	10			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		↓			↓	
TOTAL CLAIMS		22				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS